



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/31/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|   |   |  |   |
|---|---|--|---|
| <b>PRODUCER</b><br>LaBarre/Oksnee Insurance<br>30 Enterprise, Suite 180<br>Aliso Viejo CA 92656   | <b>CONTACT NAME:</b><br><b>PHONE (A/C. No. Ext):</b> 800-698-0711 |  | <b>FAX (A/C. No):</b> 949-588-1275                    |
|   | <b>E-MAIL ADDRESS:</b> proof@hoa-insurance.com                    |  |   |
| <b>INSURER(S) AFFORDING COVERAGE</b>  |   |  | <b>NAIC #</b>   |
| <b>INSURED</b><br>Overlook At Scottsdale Mountain II Owners Assoc<br>c/o Vision Community Management<br>16625 S Desert Foothills Pkwy<br>Phoenix AZ 85048 | OVERATS-02  |  | <b>INSURER A :</b> American Alternative Ins Co. 19720 |
|   |   |  | <b>INSURER B :</b> PMA Insurance Group 12262          |
|   |   |  | <b>INSURER C :</b> Continental Casualty Company 20443 |
|   |   |  | <b>INSURER D :</b> Fireman's Fund Insurance Co. 21873 |
|   |   |  | <b>INSURER E :</b> The Hanover Insurance Co. 22292    |
| <b>INSURER F :</b>  |   |  |   |

**COVERAGES**

CERTIFICATE NUMBER: 1434315055

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE   | ADDL INSD | SUBR WVD | POLICY NUMBER      | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|-----------|----------|--------------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y         |          | CAU516101-3        | 4/6/2022                | 4/6/2023                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ Unlimited<br>PRODUCTS - COMP/OP AGG \$ 1,000,000<br>\$ |
| A        | <input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  | Y         |          | CAU516101-3        | 4/6/2022                | 4/6/2023                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| D        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 0  | Y         |          | USL01482121U-79391 | 4/6/2022                | 4/6/2023                | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000<br>\$   |
| E        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/><br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      | W2YH982781         | 4/6/2022                | 4/6/2023                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000  |
| A        | Property  | Y         |          | CAU516101-3        | 4/6/2022                | 4/6/2023                | \$5,000 Deductible \$28,625,000  |
| B        | Crime/Fidelity  | Y         |          | 4122011074343Y     | 4/6/2022                | 4/6/2023                | \$1,000 Deductible \$200,000   |
| C        | Directors & Officers  | Y         |          | 618788752          | 4/6/2022                | 4/6/2023                | \$1,000 Deductible \$1,000,000   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

HOA consists of 78 units. Located in Scottsdale, AZ.

Management Company is Additionally Insured on the General Liability, D&amp;O Liability, and Fidelity-Crime.

See 2nd page of certificate of insurance for further coverage information.

See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

Vision Community Management  
 16625 S. Desert Foothills Pkwy  
 Phoenix AZ 85048  
 USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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**ADDITIONAL REMARKS SCHEDULE**

|                                    |           |  |  |
|------------------------------------|-----------|--|--|
| AGENCY<br>LaBarre/Oksnee Insurance |           | NAMED INSURED<br>Overlook At Scottsdale Mountain II Owners Assoc<br>c/o Vision Community Management<br>16625 S Desert Foothills Pkwy<br>Phoenix AZ 85048 |  |
| POLICY NUMBER                      |           | EFFECTIVE DATE:  |  |
| CARRIER                            | NAIC CODE |  |  |

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Single Entity Coverage (Walls In, excluding Improvements and Betterments)

Coverage Includes:  
 Special Form with 100% Replacement Cost  
 Guaranteed Replacement Cost  
 Wind/Hail  
 Equipment Breakdown  
 Building Ordinance or Law A+B+C  
 Inflation Guard and/or limits are reviewed yearly to ensure 100% Replacement Cost  
 Severability of Interest / Separation of Insureds  
 Waiver of Rights of Recovery  
 No Co-Insurance  
 D&O is a Claims-Made Policy

## The Overlook at Scottsdale Mountain II Owners Assoc

The Association maintains a master insurance policy. This policy includes **General Liability** (protects the association from lawsuits arising out of the third party injuries), **Directors & Officers Liability** (protects the association from claims or lawsuits against the board), and **Fidelity/Crime coverage** (protects the money in the bank from fraudulent or dishonest acts). The Association also carries property coverage to insure the buildings and finished interiors (including fixtures, all built-in or set-in appliances, cabinets, countertops and initial basic floor coverings as initially installed per the original plans and specifications, EXCLUDING upgrades, betterments & Improvements) for property damage. Some examples of the perils you are insured for are wind, hail, lightening, fire, vandalism, malicious mischief, explosion, and sudden and accidental water damage. There are certain exclusions to the master policy such as your personal property, standard maintenance, items damaged by normal wear and tear or pest (vermin) damage and subsidence. **The Associations policy carries a \$5,000 Deductible, which, depending on the circumstances of the loss, could be your responsibility as the homeowner.**

### What Insurance Coverage does a Unit Owner Need?

- **Personal Property** coverage WITH replacement cost covering your personal belongings as the master association policy does not cover Unit Owner's personal property.
- **Please be sure to notify your personal insurance agent that this association carries a \$5,000 Deductible so that you are covered in the event you are responsible for that Deductible or loss sustained within your Unit that is less than the Deductible.**
- **Building upgrades, betterments and improvements** can be covered on your personal insurance. **Betterments, Improvements or Upgrades to your Unit need to be covered by you as an owner to cover any gaps in coverage in the event of loss. Please also note that if your individual unit has solar panels, your own personal insurance will need to insure them.** The association insurance coverage will be limited to "industry standard materials" of like, kind and quality for the replacement of finished flooring, wall coverings, fixtures and cabinets.
- **Loss of Use** will pay the unit owners living expense while the unit is not inhabitable due to an insured loss. If your condo is rented out, this coverage will be replaced with Loss of Rents coverage.
- **Loss Assessment** will pay the owners share of a special assessment levied to all homeowners in the association due to an insured loss exceeding the associations master policy limits.
- **Personal Liability** pays for bodily injuries to other people or damage to their property if you are liable resulting from unintentional acts committed by qualified family members including sporting activities and acts of your pets.

Be sure to touch base with your personal insurance agent today or **call our office at (800) 698-0711** to secure coverage immediately or call our Personal Lines Expert, **Tina Terrell**, direct at **949-215-9803**. Thank you!



## Renewal Certificate Instructions for Homeowners & Management Co.

**FIRST TIME USER REGISTRATION**  
Please register by selecting a user group below:

Please Select Here

- Please Select Here
- Insurance Agent
- Financial Institution
- Mortgage Broker/Company
- Homeowner/Home Buyer**
- Mgmt Company/Association
- Closing Agent/Escrow Officer
- Attorney
- Real Estate Agent

**Control Center**

- **[Evidence of Insurance](#)**: Order a certificate of insurance.  
 Check here if you are paying for a previous order.
- **[History](#)**: View previous orders.
- **[Account Profile](#)**: Edit your account profile and change your password.
- **[Orders Pending](#)**: View submitted orders that are pending third party payment.

**Select Delivery Method**

The cost for this renewal certificate is identified below. If charges apply, you will not be charged until you receive your certificate.

**Email**  
\$0.00 (USD)

**Fax**  
\$0.00 (USD)

Back Continue

1. Visit eoidirect.com
2. Register as a First Time User
3. Log into your account.
4. Click on “Evidence of Insurance”.
5. Search for your condominium name
6. Select your association, “Continue”.
7. Choose the 4<sup>th</sup> option that indicates you received a letter from your lender, “Continue”.
8. Fill in the Homeowner’s last name and loan number, “Continue”.
9. Fill out all required fields for Homeowner and Lender, “Continue”.
10. Confirm the order information, “Continue”
11. Select delivery method where you would like the certificate sent.

# After selecting the delivery method where you want the Certificate of Insurance sent, you will see 1 of 3 sets of instruction. Proceed accordingly.

## What the website says...


**Thank You For Your Order!**

**Order Number:** 1300789

**Description:** 1 Certificate of property insurance via Email

*Your renewal certificate is almost ready. Please follow the steps below so we can deliver your certificate:*

**Instructions:**

1. E-mail the letter you received from your lender to [lenderletters@eoidirect.com](mailto:lenderletters@eoidirect.com) or Fax the letter to (208) 379-4341.  [No E-mail or Fax Machine?](#)
2. *Please reference Order #1300789 on your e-mail or fax.* We cannot process your request without your order number.

## What this means for you...

We could not find a record of your loan information. Please e-mail or fax a copy of the letter your lender sent you to:

- [lenderletters@eoidirect.com](mailto:lenderletters@eoidirect.com)
- 208-379-4341

Once your letter is received, we will release your request

**Thank You For Your Order!**

**Order Number:** 1300790

**Description:** 1 Certificate of property insurance via Email

*Your renewal request has been forwarded to your insurance agent for review. E-mailed instructions will be sent to your User ID upon the agent's review. You may print this screen for your records.*

For quality assurance, the agent would like to review your request. Please allow 2-3 business days for your request to be processed. Once the request is reviewed, the certificate will be sent to the e-mail or fax you selected on the previous page.

**Shipment Confirmation for Order #1300794**

Your Certificate of property insurance has been sent via email to [a.berger@eoidirect.com](mailto:a.berger@eoidirect.com).

To view your certificate immediately, [Click here](#).

Contact EOI Direct to correct any errors made when ordering your certificate to avoid being charged again. Please include your order number with all EOI Direct correspondence.

Click **Continue** to go to your Control Center.

Your request has been processed and sent. No further action is required.

For assistance with the website, please contact EOIDirect Monday-Friday 7:00am-6:00pm MST at 877-456-3643